

Tennessee Board of Dentistry

Newsletter



Spring 2004

A regulatory agency of the State of Tennessee

Vol. 4, No. 1

Cordell Hull Building, First Floor, 425 Fifth Avenue North, Nashville, TN 37247-1010
(615) 532-3202 or 1-800-778-4123

• <http://tennessee.gov/health>
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The Board of Dentistry has the duty and responsibility to function in such a manner as to promote and protect the public's health, safety and welfare. Thus, the Board must review licensure applications and determine whether the applicant is qualified to be issued a license in accordance with the facts, the law and the regulatory statutes governing the profession. public welfare demanding it. *Policy Statement Adopted May 1998*



Difference Between Statutes and Rules

Many dental professionals do not understand the difference between the statutes and rules governing the Board of Dentistry.

The statutes, T.C.A. §§63-5-101 et seq., are the laws that are passed by the General Assembly during the legislation session. The bills, which the legislators sponsor and vote on, are sometimes drafted by the associations or other organizations which lobby for that statute change.

The rules of the Board of Dentistry are drafted for the board by the board's administrative office and/or the Rules Coordinator for Health Related Boards for the board's review and vote. Rules are to clarify and enact the statutes. All rules adopted by the board must be based on the statutory authority granted to the board by the statutes passed by the General Assembly. No rule will become effective if the statutory authority does not exist under the current statutes. All rules adopted by the board are reviewed by attorneys from the Office of General Counsel and the Office of the Attorney General before they are allowed to become effective. The steps in the process for rules are as follows:

- ◆ The proposed rules are presented to the board at a regularly scheduled board meeting.
- ◆ After the board reviews the proposed rules, the board votes on whether to send to rulemaking hearing. If they vote not to send to rulemaking hearing, the rule is either redrafted or "dies", depending on the instruction of the board.
- ◆ If the proposed rules are sent to rulemaking hearing, a date for the hearing is set by the Rules Coordinator and the proposed rules are posted in the Tennessee Administrative Register (TAR) in accordance with state statutes and regulations.

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Homeland Security



Health Related Boards (HRB) is assisting the Tennessee Office of Homeland Security and Department of Health in preparing the State for emergency or crisis situations. Whether the crisis is the result of an act of bioterrorism or the rapid spread of a communicable disease such as SARS, it is imperative that our health care community have a mechanism in place to organize and address the situation in a reasonable and timely manner.

It is the task of Health Related Boards to obtain and record email addresses and/or fax numbers for individual health care professionals. This data will then be used in a crisis or emergency situation to immediately alert health care providers throughout the State of Tennessee of the situation and plan of action. The information gathered will not be shared outside of state government.

Please contact your HRB profession office today and provide this vital information for the health, safety and welfare of the citizens of the State of Tennessee. You may utilize the on-line Change of Address option on the board website at <http://tennessee.gov/health>, fax it to (615) 532-5369, or email it to dea.smith@state.tn.us or tammy.roehrich@state.tn.us. If you choose to mail, fax or email the information, please include your name as it appears on your license, your profession, and your license number.

Thank you for assisting us in this important project. ☺



New Toll-free Number for Health Related Boards

The Division of Health Related Boards, which includes the Board of Dentistry, has a new toll-free telephone number.

The new number is 1-800-778-4123. ☺



Rule Changes Effective January 31, 2004

On January 31, 2004, new rules regulating Oral and Maxillofacial Surgery became effective. The changes that became effective January 31, 2004 are to Rule 0460-1-.01(a) and 0460-2-.06(6). The changes are as follows:

Rule 0460-1-.01 (1) Associated Structures - Any structures grouped by some common factor. Structures can be associated with the oral cavity and/or maxillofacial area by anatomic and/or functional factors (e.g., the oral cavity and maxillofacial area are associated with the major and minor muscles of mastication and all of their attachments; the oral cavity and maxillofacial area are associated with the oral pharynx, nasal pharynx and the airway including the trachea). All structures adjacent, attached, or contiguous with the oral cavity and/or maxillofacial area are associated structures (e.g., the oral cavity and maxillofacial area are associated with the head and neck, including the face and its components orbital, nasal, aural, etc.).

Rule 0460-2-.06(6) Oral and Maxillofacial Surgery.

(a) **Required Documentation –** An applicant must provide to the Board Administrative Office certification of successful completion of advanced study in Oral and Maxillofacial Surgery of four (4) years or more in a graduate school or hospital accredited by the Commission on Dental Accreditation (CODA) or the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the program, to be submitted directly from the school to the Board Administrative office.

(b) **Examination –** An applicant must successfully complete a written examination, and if the Board in its discretion requires, a practical examination. The content of those examinations will be as determined by the Board.

(c) **Oral and Maxillofacial Surgery** is the specialty area of the treatment of the oral cavity and maxillofacial area or adjacent or associated structures and their impact on the human body that includes the performance of the following areas of Oral and Maxillofacial Surgery, as described in the most recent version of the Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery of the American Association of Oral and Maxillofacial Surgeons:

1. Patient assessment;
2. Anesthesia in outpatient facilities, as provided in T.C.A. §§ 63-5-105 (6) and 63-5-108 (g);
3. Dentoalveolar surgery;
4. Oral and craniomaxillofacial implant surgery;
5. Surgical correction of maxillofacial skeletal deformities;
6. Cleft and craniofacial surgery;
7. Trauma surgery;
8. Temporomandibular joint surgery;
9. Diagnosis and management of pathologic conditions;
10. Reconstructive surgery including the harvesting of extra oral/distal tissues for grafting to the oral and maxillofacial region; and
11. Cosmetic maxillofacial surgery.

(d) The Tennessee Board of Dentistry determines that the dental practice of Oral and Maxillofacial Surgery includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:

1. Rhinoplasty;
2. Blepharoplasty;
3. Rytidectomy;
4. Submental liposuction;
5. Laser resurfacing;
6. Browlift, either open or endoscopic technique;
7. Platysmal muscle plication;
8. Dermabrasion;
9. Otoplasty; and
10. Lip Augmentation.

(e) Any licensee who lacks the following qualifications and nevertheless performs the procedures and surgery identified in subparagraph (d) shall be subject to discipline by the Board under T.C.A. § 63-5-124, including provisions regarding malpractice, negligence, incompetence or unprofessional conduct:

1. Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and
2. Has successfully completed a clinical fellowship, of at least one continuous year in duration, in esthetic (cosmetic) surgery accredited by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation; or
3. Holds privileges issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures.

(f) The Board, pursuant to its authority under T.C.A. § 63-5-124, determines that performance of the surgery and procedures identified in subparagraph (d) without the qualifications set out above shall be considered unprofessional conduct and subject to discipline by the Board as such. ☞

Instructions for Accessing the Board's Web Site

- ▶ <http://tennessee.gov/health>
- ▶ Licensing
- ▶ Health Professional Boards
- ▶ Select "Board of Dentistry"



Certification Courses Approved by the Board

At the January and May 2004 Board meetings, the board approved certification course providers for the following:

- ▶ Administration & Monitoring of Nitrous Oxide for dental hygienists
- ▶ Coronal Polishing for registered dental assistants
- ▶ Sealant Application for registered dental assistants
- ▶ Monitoring Nitrous Oxide for registered dental assistants

These courses are optional, but required to before you can perform these procedures.

A list of the board-approved certification courses along with the course contact information is available at the board's web site under Educational Programs. ☞



Policy Regarding Restraint of Pediatric and Special Needs Patients

The Board of Dentistry adopted a policy regarding restraint of pediatric and special needs patients at the January, 2004 Board Meeting. The policy reads as follows:

- (1) Purpose – The purpose of this policy is to recognize the unfortunate fact that pediatric and special needs patients may need to be restrained in order to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. To achieve this, it will be important to build a trusting relationship between the dentist, the dental staff and the patient. This will necessitate that the dentist establishes communication with the patient and promotes a positive attitude towards oral and dental health in order to alleviate fear and anxiety and to deliver quality dental care.
- (2) Training Requirement – Prior to administering restraint, the dentist must have received formal training at a dental school or during an American Dental Association accredited residency program in the methods of restraint described in paragraph (4) of this policy.
- (3) Pre-Restraint Requirements
 - (a) Prior to administering restraint, the dentist shall consider:
 1. The need to diagnose and treat the patient;
 2. The safety of the patient, dentist, and staff;
 3. The failure of other alternate behavioral methods;
 4. The effect on the quality of dental care;
 5. The patient's emotional development; and
 6. The patient's physical condition.
 - (b) Prior to administering restraint, the dentist shall obtain written informed consent from the parent or legal guardian and document such consent in the dental record, unless the parent or legal guardian is restraining or immobilizing the patient by use of the method described in subparagraph (4) (b) of this policy.
- (4) Methods of Restraint
 - (a) The Hand-Over-Mouth Exercise (HOME) Method
 1. This method may be used for a healthy child who is able to understand and cooperate but who exhibits defiant, aggressive, or hysterical behavior during dental treatment.
 2. Use of this method shall never obstruct the patient's airway nor be used:
 - (i) With patients whose age, disability, or emotional immaturity prevent them from being able to understand and/or cooperate;
 - (ii) When patients are under the influence of medications which prevent them from being able to understand and/or cooperate;
 - (iii) When patients have an airway obstruction or when restraint will prevent the patient from breathing; or,
 - (iv) When the parent or legal guardian has not given written informed consent for this method to be utilized.
 - (b) The Physical Restraint or Medical Immobilization Method
 1. This method may be used to partially or completely immobilize the patient for required diagnosis and/or treatment if the patient cannot cooperate due to lack of maturity, mental or physical handicap, failure to cooperate after other behavior managements techniques have failed and/or when the safety of the patient, dentist, or dental staff would be at risk without using protective restraint. This method should only be used to reduce or eliminate untoward movement,

protect the patient and staff from injury, and to assist in the delivery of quality dental treatment. If restraint or immobilization is deemed necessary, the least restrictive technique shall be used.

2. Use of this method shall not be used:
 - (i) With cooperative patients;
 - (ii) On patients who, due to their medical or systemic condition, cannot be immobilized safely;
 - (iii) As punishment; or,
 - (iv) Solely for the convenience of the dentist and/or dental staff.
- (5) Dental hygienists and dental assistants shall not use the methods described in paragraph (4) by themselves, but may assist the dentist as necessary.
- (6) The patient's record shall include:
 - (a) Written informed consent from parents or legal guardians;
 - (b) Type of method used;
 - (c) Reason for use of that method;
 - (d) Duration of method used; and,
 - (e) If restraint or immobilization is used, type of restraint or immobilization used.
- (7) Parents or legal guardians must be informed of what treatment the patient will receive and why the use of restraints is required.
- (8) Parents or legal guardians may not be denied access to the patient during treatment in the dental office unless the health and safety of the patient, parent or guardian, or dental staff would be at risk. The parent or guardian shall be informed of the reason they are denied access to the patient and both the incident of the denial and the reason for the denial shall be documented in the patient's dental record. 🦷

Reporting Violations of Statutes and Rules

If you know that a dental professional is practicing without a license or registration, practicing outside their scope of practice, or in violation of any of the statutes and rules, you can report the dental professional to the Office of Investigations at 1-800-852-2187 or by downloading a complaint form from the Board's web site. Complaints can be filed anonymously.



HRB Customer Survey

Health Related Boards (HRB) is conducting a customer survey to assist in determining ways to improve services provided to licensees, applicants, and the public.

If you want to help us in this endeavor, please print the survey from the Noteworthy section of the board's website or call the board's administrative office at 1-800-778-4123 ext. 25073 or 532-3202 ext. 25073 for one to be mailed to you. Completed surveys should be mailed to the address listed on the form. 🦷

CHANGES OF ADDRESS

Must be reported in writing or by web within 30 days!

- Your name and license number;
- Your profession;
- Your old address and phone number;
- Your new address and phone number, e-mail address, and/or your fax number; and
- Your SIGNATURE!

Difference Between Statutes and Rules

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- ♦ Any licensee, association, public citizen, or other interested individuals or groups can submit comments regarding the proposed rules, whether for or against the proposed rules, on or before the date of the rulemaking hearing. Once the Rules Coordinator closes the record of the rulemaking hearing, no more comments may be accepted for the record.
- ♦ At the next scheduled meeting of the board, the proposed rules and the comments received from the rulemaking hearing are presented to the board for review. At this time, the board may make changes to the proposed rules based on comments received at the rulemaking hearing, make no changes to the proposed rules, and/or vote on the proposed rules. All comments received by the board are considered by the board. A written response will be sent to each person or entity making a comment after the board has made a decision on the proposed rules.
- ♦ If the board passes the rule, amended or not, they are then sent to the Office of General Counsel and then forwarded to the Office of the Attorney General for review. If a rule does not have clear statutory authority, the attorneys can send the rule back to the board for corrections. The attorneys can send the rules back to the board's administrative office for spelling, grammar, and other minor corrections that do not change the board's intent for the proposed rules.
- ♦ Once the attorneys approve the proposed rules, they are filed with the Secretary of State's office. The proposed rules become effective 75 days after the filing date. 🦷

Active Licenses as of February 29, 2004

Dentist	3262
Dental Hygienist	3147
Registered Dental Assistants	4168

Licenses that are Failed to Renew (Lapsed) as of February 29, 2004

Dentist	930
Dental Hygienist	1154
Registered Dental Assistants	2659



Fastest Way to Renew

The fastest way for dental professionals to renew their licenses is to renew online. When you renew online, your license is updated within four days. If you renew by mailing in your renewal application, your license is updated within 7-10 days of receipt unless additional information is required.

If the renewal application does not have the licensee's signature, the entire application was not returned or correct payment is not received the licensee will be sent a certified letter requesting the additional information. Renewals that require additional information will not be processed and renewed until all information is received.

The only way to pay by a check card or credit card is to renew online. We do not accept check card or credit card payments for renewals when the renewal application is mailed.

All renewal certificates, whether renewed online or by mail are mailed to the licensee 10-14 days after the license is renewed. It is advised that you either renew online or by mail at least one month prior to your expiration date. 🦷



Disciplinary Action

The Board, at its meeting in January of 2004, took the following disciplinary actions:

Alperin, Murray S. – License No. DS 825

Failure to perform microorganism testing on his autoclave and maintain a log indicating the dates and person(s) conducting the required microorganism testing. Respondent was reprimanded.

McCurdy, Ted R. - License No. DS 2280

Failure to confine prescriptions to an identified dental procedure, ailment or infirmity, failure to document the prescriptions in the dental records and/or separate log, and failure to maintain dental records in such a manner that a subsequent treating dentist can readily ascertain the treatment provided. Respondent was reprimanded.

Presley, Theresa - License No. DS 2690

Pattern of repeated malpractice and failure to maintain dental records in such a manner that a subsequent treating dentist can readily ascertain the treatment provided. Respondent was reprimanded.

Prout, Franklin J. - License No. DS 4632

Pattern of repeated malpractice, failure to report updated information on the Practitioner Profile in writing within 30 days after a malpractice payment of more than \$25,000. Respondent was reprimanded.

Smith, Roosevelt S. – Educational License No. DS 5153

Appeal of denial of upgrade from educational license to full licensure was denied by the Board.

Sowell, Campbell – License No. DS 1962

Unprofessional conduct and a pattern of continued or repeated negligence. Respondent was reprimanded. 🦷



Deposit of Fees Received

All application fees received by the State of Tennessee and the Board of Dentistry are deposited by the state within 24 hours of receipt. The actual application that accompanies the fee is not received by the board's administrative staff until after the fee has been deposited. A fee being deposited does **not** mean that your application is complete or approved.

All applications are reviewed for completeness. For those incomplete applications, a certified letter will be sent to the applicant or licensee requesting the information required to complete the application. The application will not be processed until the information required is properly submitted.

Approval of applications does not occur until after the completed application is processed by the Board staff. Although most applications are approved, do not make that assumption. You will be notified of the approval or denial of the application.

Applications and fees will **not** be returned to the applicant or licensee. Money orders and checks must be made payable to the Tennessee Department of Health or the Tennessee Board of Dentistry. 🦷

Board Meeting Dates for 2005

January 26-28, 2005

May 12-13, 2005

September 21-23, 2005

Proposed Changes to the Rules Governing the Practice of Dentistry



At its January 2004 meeting, the Board authorized a rulemaking hearing to amend the dentistry rule governing Specialty Certification. The affected rule is Rule 0460-2-.06.

The Board also authorized clarifications to the rule governing advertising of specialty dental services, Rule 0460-2-.10.

The rulemaking hearing for both proposed rule changes was held on April 27, 2004 at 2:30 p.m. CST in the Magnolia Room of the Cordell Hull Building located at 425 Fifth Avenue North, Nashville, TN. All hearing are open to the public.

Potential Changes to the Specialty Certification Process - The Board is interested in making the specialty certification process less onerous, while at the same time ensuring that specialty dental practitioners in Tennessee continue to meet stringent quality standards. To that end, **the proposed new rule would eliminate the written examination requirement for becoming certified as a dental specialist in Tennessee.**

Instead of taking a written examination all dentists who seek specialty certification would be required to submit to an oral examination before the Board of Dentistry. There would be no fee for the oral examination.

The other steps for receiving specialty certification would remain the same, including the requirement that applicants submit specified documentation of their training, and/or documentation from the American Board of the particular specialty for which they are applying.

The proposed new rule also would add "Oral and Maxillofacial Radiology" to the current list of recognized specialties.

Potential Changes to the Specialty Advertising Rule - The Board wants to ensure that specialty advertising requirements and restrictions are stated as clearly as possible in the rules in order to avoid any possibility of misleading the public. To that end, it has proposed changes to Rule 0460-2-.10(5) – *Specialty Advertising* – which are intended to clarify the following points:

- ❖ A dentist who is not certified in Tennessee as a specialist in one or more of the recognized specialties that are listed at Rule 0460-2-.06(1) may nonetheless include in his or her practice one or more specialty branches of dentistry so long as he or she possesses a verifiable combination of education and experience to perform those services; **however:**
- ❖ Any such dentist who is not certified in Tennessee as a specialist in one or more of the recognized specialties that are listed at Rule 0460-2-.06(1) may not include the word "specialty," or any word or combination of words which may imply specialization, in his or her advertisements or in the name of his or her practice; and
- ❖ Any advertisement of such practice must contain the statement "*The services are being performed or provided by a general dentist,*" and that disclaimer must appear as conspicuously as the branch(es) of dentistry being advertised; and
- ❖ Any such dentist who is not certified in Tennessee as a specialist in one or more of the recognized specialties that are listed at Rule 0460-2-.06(1) may not contain in the name of his or her practice *any* areas of dentistry which are not recognized specialties. The only dentists who may include such non-recognized specialty areas of dentistry in the names of their practice are those dentists who are Tennessee-certified in a specialty with which that area of dentistry is typically associated.

Here are a couple of examples of how these rules will affect the dental profession:

- A general dentist may not use the term "implant dentistry" in the name of his or her practice.
- A Tennessee-certified specialist in the field of "Pedodontics" may include "childrens' dentistry" in the name of his or her practice, or a "Prosthodontist" may include "dentures" in the name of his or her practice. A general dentist, on the other hand, would not be able to use these words as part of his or her practice name.

Again, these changes are intended to help in preventing the public from being misled regarding the qualifications of dentists.

Updates on these issues will be posted on the Board's website as action is taken. 🦷

Reporting Obligations of Dentists Who Have AEDs at Their Offices



There has been some confusion as to the reporting obligations of dentists who have automated external defibrillators (AED) at their dental offices. The Board discussed this issue at its January 2004 meeting, and made the following determination:

Dentists who acquire one or more automated external defibrillators for use in their dental practice are required to register the existence and location of the defibrillator(s) with the primary provider of emergency medical services in the area. Dentists are not, however, required to provide those EMS entities with written plans or protocols for the defibrillator's use.

Dentists who perform conscious sedation and/or deep sedation/general anesthesia, for instance, are required to have a cardiac defibrillator available in their office. Rules 0460-2-.07(6)(b)(6)(iii) and (7)(b)(6)(iv), Tenn. Comp. R. & Regs. The vast majority of dentists who use defibrillators in their offices use automated external defibrillators.

The use of AEDs is governed by T.C.A. §§ 68-140-701, *et seq.* T.C.A. § 68-140-703 establishes mandatory requirements which must be followed by *all* persons or entities – including dentists and dental practices – that use AED devices.

Those requirements are as follows: all personnel who are expected to use the AED must be properly trained; the device must be maintained and tested; and the AED's existence and location must be registered with the appropriate emergency services authority within a reasonable time. Also, in the event that the AED is used on a person in cardiac arrest, the dentist's office must notify the emergency medical authorities.

Generally, AEDs at dental practices are intended to treat the patients to whom the dentist owes a duty of care; they are not public access defibrillators. As such, dentists who use AEDs solely in their practice are exempt from the rigorous program and registration requirements, as well as liability limitations, codified at §§ 68-140-704--68-140-710. 🦷

Staff Additions

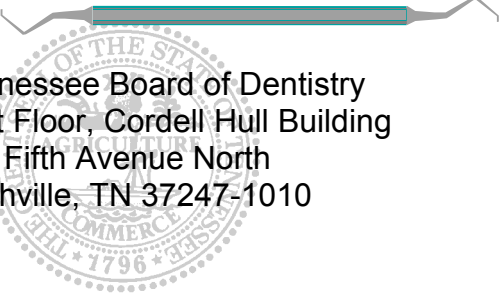
A new administrator has been hired to work with the Board of Dentistry. **Carla McCord** will be reviewing and processing all applications submitted to the Board's administrative office for dentist. She can be contacted at 532-5073 or 1-800-778-4123 or by e-mail at carla.c.mccord@state.tn.us. 🦷



Board Members

Three new board members have been appointed by the Governor. Betty Fox, RDA was appointed to replace Camilla Phillips, RDA, Jeffrey M. Clark, D.D.S. replaced Dr. Kenneth Schenck, Jr. and John M. Douglass, Jr., D.D.S. replaced Dr. Charles Rogers.

We would like to thank Dr. Rogers and Dr. Schenck for their years of service on the board. Dr. Rogers served on the board for nine years and Dr. Schenck served for three years. 🦷



Tennessee Board of Dentistry
First Floor, Cordell Hull Building
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Nashville, TN 37247-1010

Report all address changes in writing within 30 days of the address change.

**Tennessee Board of Dentistry
Board Members as of May 1, 2004**

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Bolivar

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Dyersburg

Mark H. Wildasin, Esq.
Consumer Member
Nashville

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Knoxville

John M. Douglass, Jr., D.D.S.
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William D. Nally, D.M.D.
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Ruby Cloyd
Licensing Tech

Tina Taliaferro
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